

## Radiation Can Replace Surgery For Some Ulcer Patients

The substitution of radiation therapy for surgery in patients with complicated duodenal ulcer has produced encouraging results, it was reported recently.

Drs. Harold C. Klein and Norman E. Berman, Cleveland, said 39 of 50 patients treated with radiation were "cured" of their ulcer disease. Of the remaining patients, they said, five were able to avoid surgery while six were not benefited and underwent operations.

A duodenal ulcer is one located in that part of the small intestine nearest the stomach, called the duodenum, a frequent site of ulcers. When a duodenal ulcer becomes complicated by hemorrhage, perforation, or other factors, surgery generally is indicated.

Following radiation treatment, no diet restrictions were imposed or medication given, the two physicians said in reporting their findings in the *Journal of the American Medical Association*.

Patients were given 10 to 14 treatments. Their condition was checked for periods up to eight years following the therapy.

"Complications arising from the radiation were minor and infrequent," they said.

Radiation offers the possibility of a better and safer method of treating the complicated ulcer de-

spite the many refinements that have been made in surgical management, they concluded.

The authors are associated with the departments of medicine and radiology, Mount Sinai Hospital.

## THE CARE OF FRACTURES IN THE PATIENT WITH MULTIPLE INJURIES—E. L. Compere. J. Int. Coll. Surg.—Vol. 35:216 (Feb.) 1961

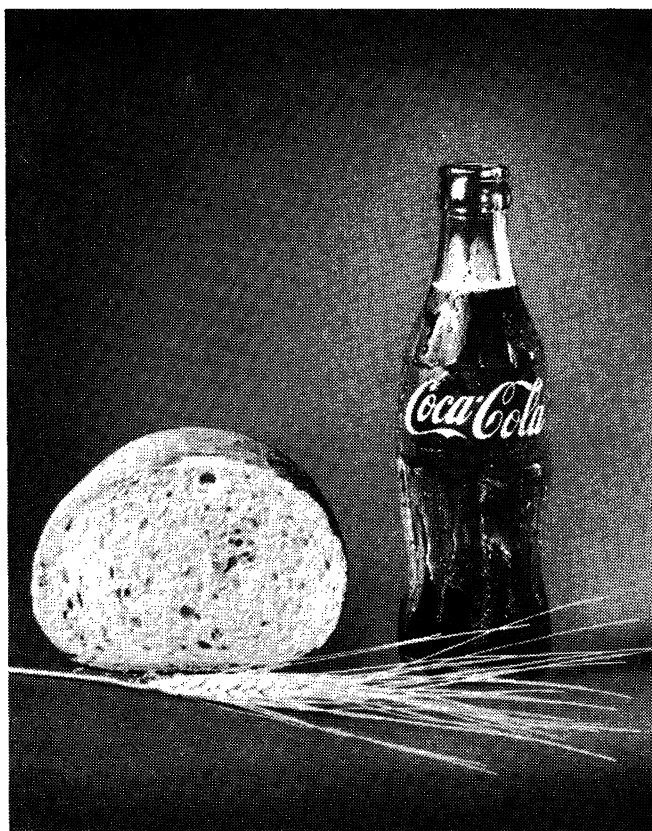
The author discusses the immediate and the delayed treatment of fractures, pointing out that definitive reduction of fractures in patients who have other major injuries and who may have been in shock should be delayed until the general condition of the patient is satisfactory. First aid and emergency measures are outlined. Patients who have only minor injuries aside from a fracture or fractures may have suffered shock, which makes definitive treatment at that time unwise. Fracture of a major bone, such as the hip of an elderly patient, will be attended by varying degrees of shock. It is advisable, in most instances, to delay the reduction and internal fixation of such fractures until after the patient's condition has been appraised from a medical standpoint. Any operation can be performed with greater safety when it has been placed on the regular hospital operating schedule.

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